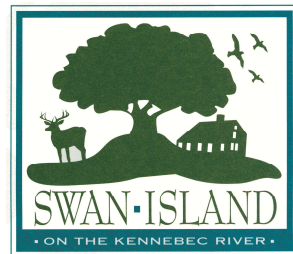




SWAN ISLAND FAMILY FIELD DAY

Saturday · August 1, 2015



Cost: \$5/Person or \$20/Family Rate

First ferry will leave at 7:30 am and will run every 15 minutes until 5:30 pm

Please arrive at the boat landing as early as possible!

Please bring a picnic lunch

Children must be 10 years or older to participate in the shotgun, rifle & ATV sessions.

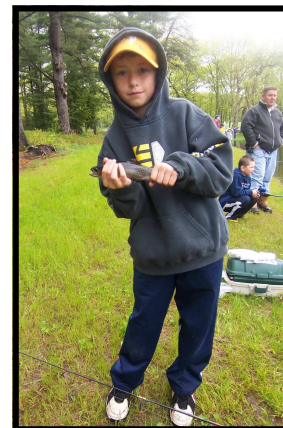
Families with children under the age of 15 must sign up as a family/group.

Waiver of Liability must be signed by each participant & returned with registration.

Once your registration is received you will be sent a confirmation packet.

Schedule: Session 1	9am-9:50am	Session 4	1pm-1:50pm
Session 2	10am-10:50am	Session 5	2pm-2:50pm
Session 3	11am-11:50am	Session 6	3pm-3:50pm
Lunch Break	12pm-12:50pm		

Session choices are first come first serve



SWAN ISLAND Field day Registration Form

Participant Names & Ages: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please rank your interest in the topics below (1 being your first choice , 2 being your second, etc). Please strike out topics you are not interested in participating in. Participants will take part in three morning sessions and three afternoon sessions. Sessions will rotate every 50 minutes.

Sessions located in the same area of the island will be scheduled consecutively for participants.

MORNING SESSIONS 9 AM — 12 PM

- ☐ A. FISHING (under 15 only)
- ☐ B. FLY CASTING
- ☐ C. SHOTGUN/SKEET SHOOTING*
- ☐ D. RIFLE/TARGET PRACTICE*
- ☐ E. ATV*
- ☐ F. GEOCACHING
- ☐ G. MAP & COMPASS
- ☐ H. TRAPPING
- ☐ I. SCAVENGER HUNT
- ☐ J. WORKING DOG DEMO

AFTERNOON SESSIONS 1 PM — 4 PM

- ☐ K. SHOTGUN/SKEET SHOOTING*
- ☐ L. RIFLE/TARGET PRACTICE*
- ☐ M. ATV*
- ☐ N. BIRD HOUSE BUILDING
- ☐ O. SCAVENGER HUNT
- ☐ P. PADDLING
- ☐ Q. ARCHERY
- ☐ R. WORKING DOG DEMO

*Children must be 10 years or older to participate

Method of Payment:

Check or Money Order made payable to: Treasurer, State of Maine

\$5/Person or \$20/Family Rate

VISA or MASTERCARD

Name: _____

Card Number: _____

Expiration Date: _____ Code: _____

Total Charge: _____

Send registration form and payment to:

Maine Dept of Inland Fisheries & Wildlife

Attn: Kristina Paulhus

284 State St, SHS 41

Augusta, ME 04333-0041



If you have any questions please contact Kristina Paulhus at: Kristina.R.Paulhus@Maine.Gov or 207-287-5244

WAIVER OF LIABILITY & MEDICAL HISTORY QUESTIONNAIRE
SWAN ISLAND FIELD DAY- AUGUST 1, 2015

All information is confidential.

This document affects your legal rights. You must read and understand it before signing below.

Name _____ Date of Birth _____

Physician _____ Phone # _____

Emergency Contact Name _____ Phone # _____

Please check any of the following medical conditions that apply to you:

☐ Yes ☐ No Are you allergic to any medication (aspirin, penicillin, etc)? List _____

☐ Yes ☐ No Do you take any medication critical to your health? List _____

☐ Yes ☐ No Have you ever been told by a doctor that you have epilepsy? When _____

☐ Yes ☐ No Have you had recent surgical operations, accidents or injuries? What/When _____

☐ Yes ☐ No Have you ever been unconscious, had a concussion or head injury?
When _____

☐ Yes ☐ No Are you pregnant? _____

Do you wear: ☐ Glasses ☐ Contact Lenses Date of last tetanus immunization: _____

Please check any of the following medical conditions you have had within the last five years:

☐ Hay fever or allergies (especially to bees, ants, etc) If yes, please list _____
Do you carry an epi pen? ☐ Yes ☐ No

☐ Heart Disease ☐ Diabetes ☐ Fainting Spells ☐ Asthma ☐ Seizures ☐ High Blood Pressure ☐ Other _____

Comments: _____

I wish to participate in activities offered through the Maine Department of Inland Fisheries & Wildlife, Swan Island Field Day that include, among other activities, participating in workshop sessions on Swan Island.

I understand that participating in these activities may involve certain risks including, but not limited to, the risk of physical or mental injury, death, illness or disease, or damage to my property. Knowing the nature of the potential hazards involved in these activities, I am willing to assume any and all risks involved in participating in them.

In consideration of the opportunity to participate in these activities, therefore, I hereby voluntarily acknowledge and agree to release and discharge the Maine Department of Inland Fisheries and Wildlife ("IF&W") and/or any contractor, volunteer, or employee of IF&W, from any liability whatsoever that relates to, arises from, or is in any way connected with my participation in this activity, including but not limited to any acts, errors, or omissions of IF&W, its agents or employees, or any other persons or entities.

I understand that by signing this Waiver of Liability, I am voluntarily giving up any legal rights or possible claims that I might otherwise assert against IF&W, its agents or employees, or any other personas or entities, that are in any way related to my participation in these activities.

By signing below, I am certifying that I have read this entire Waiver of Liability, that I understand it, and that I agree to be bound by its terms. I understand that this is the entire agreement between me and IF&W, its agents and employees, with respect to my knowing and voluntary assumption of risks and waiver of liability, and that it cannot be modified in any way by the representations of any employee or agent of IF&W, or by me.

I give my consent for representatives of IF&W to provide medical attention, transportation and emergency medical services as warranted by the circumstances. I represent that I am in good health, and that I am not aware of any disease or injury that would be aggravated or result in being incapacitated or injured during any program participation except as designated herein.

I give my consent for representatives of IF&W to take and use photographic images of me in brochures, slide shows, PowerPoint presentations, videos, advertisements, displays and other methods of educational or promotional outreach.

Printed Name of Participant

Signature of Participant

Date